(b) if so, the details thereof;

(c) the number of children whose eye-ratina have been replaced and the number of children whose cases have been refused for replacement of the ground of defectiveness;

(d) whether it is a fact that the child whose SI. No. was 2153 (Top Priority List) could not be considered on the basis of damage of eye-sight; and

(e) what are the reasons and whether refused cases would be considered again?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) and (b) During the month of December, 1995, 20 children from 'Top Priority List' were called for final check up and admission for replacement of cornea and not for retina replacement.

(c) Total 7 children were operated for keratoplastry, who reported in response to call letters.

(d) The patient at S. No. 2153 was adequately evaluated.

(e) After evaluation, the surgery is not carried out if the patient is *not* found fit for surgery.

New Approach far I mplementation of Family Welfare Programme

1509. SHRI RAHASBIHARI BARIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a new approach has been adopted for implementing family welfare programme;

(b) if so, the components of the new approach;

(c) whether Governemnt have also identified the reasons for the failure of family planning /welfare programme;

(d) if so, the details thereof; and

(e) the steps taken to ractify the error in order to make the family planning/ welfare programme a great success?

MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMI LY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) Yes, Sir.

(b) The system of setting contraceptive targets from the top has been replaced by a system of decentralised participants palnning at the Primary Health Centre level. The Primary Health Centre level planning will take into account the needs of the community and is expected to lead to improvement in quality of services as well as greater acceptance by the people.

(c) and (d) The programme has brought down the crude birth rate from 41.2 per 1000 population during 1961—71 to 28.7 per 1000 population in 1994 and infant mortality rate from 139 per 1000 live births during 1972 to 74 per 1000 live birhts in 1994. However, there are wide state-wise variations in adoption of family planning programme which inter-alia de pends on factors like strong son prefer ence, low female literacy, low age at marriage and socio-economic conditions,

(e) The steps taken, inter-alia, include (i) Integratged Reproductive Child Health (RCH) package with emphasis on quality and clients' satisfaction (it) increased involvement of Non-Governmen-tal organisations (NGOs) (iii) Implementation of Family Wefare Programme on the basis of target-free approach effective from 1996-97 with emphasis on quality of care and clients' satisfaction making Family Planning Programme as a community programme (iv) externally aided projects in states having higher growth rate.

Functioning of CGHS Dispensaries at Gole Market Chitrs Glpts Road and Psharganj

1510. SHRI K.M. KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether working hours of C.G.H.S. Dispensaries in Delhi are from 7.30 a.m. to 1.30 p.m.;

(b) if so, whether nose of paramedical and clerical staff is available daily at 7.30 a.m. in dispensaries of Gole Market, Chitra Gupta Road, Minto Road and Paharganj;